

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/088941</b>	FILING DATE
						APPLICANT(S)	
CLAIMS							
		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1			
2		1		1			
3	3			1			
4	8			1			
5	0			1			
6	0			1			
7	0			1			
8	0			1			
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47							
48							
49							
50							
TOTAL IND.	1		1				
TOTAL DEP.	8	↔	7	↔			
TOTAL CLAIMS	9		8				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS